

10/7576/c

(Column 1)

(Column 2)

IPLE DEPENDENT CLAIM PRESENT (37 CFR 1.160))

difference in column 1 is less than zero; enter "0" in column 2.

APPLICATION AS AMENDED - PART II

Allocation Size Fee (9% OFR 1.16(\$))

**PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)**

ation Size Fee (37 CFR 1.16(e))

PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(f)).

TOTAL

ΤΟΤΑΙ

TOTAL	
ADD'L FEE	

TOTAL  
ADD'L FEE

TOTAL  
ADD'L FEE

TOTAL  
ADD'L FEES

Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "2"  
highest Number Previously Paid For" (Total of Independent) is less than 8, enter "3"

of information is required by 37 CFR 1.16. The information is required to obtain an application. 37

Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the Office, U.S. Department of Commerce, P.O. Box 108, Springfield, MA 01103-0108, for the purpose of preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments or suggestions for this form should be sent to the USPTO, P.O. Box 108, Springfield, MA 01103-0108.

Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ID TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.